

Risk Assessment: An Approach to a Suitable Pathway to the Protection of Human Rights during Pandemics in Nigeria

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Abstract

The COVID-19 pandemic has forcefully brought human rights into focus. It has exposed vulnerabilities and inequalities spawned by long years of exclusionary laws and policies in many parts of the world. It has also, at the same time, enabled authoritarian and dictatorial rulers to seize the moment and wreak havoc on already declining status of human rights in many countries across the world. This article adopts a desk based research methodology to examine and analyse the standards and requirements of a human rights based responses to the COVID-19 global pandemic through the review of relevant literature, documents and reports. The article also assessed the responses and outcomes of the Nigerian government to the pandemic on the basis of the identified human rights standards. The objective is to identify the limits and gaps in the responses of the Nigerian government and contrasts with the suitability and potentials of a risk assessment approach in improving human rights protection and resilience in vulnerable contexts/societies during pandemics such as COVID-19. The aim is to craft a better and more effective approach to safeguarding human rights in vulnerable situations during pandemics such as COVID-19. The article finds that fragile and vulnerable societies and countries lack the requisite technology, resources and institutions to adequately engage and deal with pandemics such as COVID-19. It also finds that the risk assessment approach is a more suitable and effective approach to protect the human rights of citizens in vulnerable societies during pandemics such as COVID-19. It therefore advises vulnerable countries like Nigeria to adopt and utilise the Financial Action Task Force risk assessment methodology and approach to identify, assess and reduce emerging and potential threats to public health nationally and internationally, and take action, including officially shutting airports, seaports, and borders while still developing medical countermeasures such as vaccines and treatments, and apply resources, aimed at ensuring the risks are mitigated effectively.

Keywords: COVID-19, Human Rights, Risk Assessment, Pandemic

1.1 Introduction

The COVID-19 disease, was first discovered in a Wuhan wet market in China in December of 2019 and declared a global pandemic in March of 2020 after it has

infected 57, 377 and killed 3,612 persons worldwide.¹ As at 27 December 2020, the pandemic is reported to have infected 79,232, 555 and killed 1,754,493 people worldwide.² Although COVID-19 impacts and exacerbates variety of human rights, three rights identified as being in the frontline of the pandemic are the right to life and duty to protect life; the right to health and access to health care and the right to freedom of movement.³

In addition, the pandemic has forcefully brought human rights into focus. It has exposed vulnerabilities and inequalities spawned by long years of exclusionary laws and policies in many parts of the world while simultaneously enabling authoritarian and dictatorial rulers to seize the moment and wreak havoc on already declining status of human rights in many countries across the world.⁴

Human rights have therefore been identified as critical for the response and recovery of states because it put people at the centre of government responses and recovery efforts to produce better outcomes.⁵ While this is true of a rights-based approach to the pandemic, we argue in this article that fragile states and societies lack the resources, institutional and structural capacities to meet the requisite human rights standards or operationalise it in any meaningful way. The article suggests that the risk assessment approach is a more suitable and effective pathway to protecting the human rights of citizens in fragile and vulnerable societies during pandemics such as COVID-19.

This view is demonstrated in this article through a discussion of standards of human rights relevant to the COVID-19 pandemic and the assessment of the adequacy or otherwise of the Nigerian government responses to the pandemic and their outcomes. This is contrasted with differences that a risk assessment approach would have made

¹World Health Organization, ‘[WHO Coronavirus Disease \(COVID-19\) Dashboard](https://covid19.who.int/?gclid=AIaIQobChMI0O_Cj9Hv7QIV0_ZRCh3fIAQeEAAYASACEgLrkfD_BwE)’ *World Health Organization* (Geneva, 27 December 2020) <https://covid19.who.int/?gclid=AIaIQobChMI0O_Cj9Hv7QIV0_ZRCh3fIAQeEAAYASACEgLrkfD_BwE> (accessed 28 December 2020).

²World Health Organization, ‘WHO Coronavirus Disease (COVID-19) Dashboard’ *World Health Organization* (Geneva, 27 December 2020) <https://covid19.who.int/?gclid=EAIAIQobChMI0O_Cj9Hv7QIV0_ZRCh3fIAQeEAAYASACEgLrkfD_BwE> (accessed 28 December 2020).

³United Nations, ‘COVID-19 and Human Rights: We Are All in This Together’ *United Nations* (New York, April 2020) <https://www.un.org/victimsofterrorism/sites/www.un.org.victimsofterrorism/files/un_-_human_rights_and_covid_april_2020.pdf> (accessed 28 December 2020).

⁴Sonya Sceats, ‘COVID-19 Brings Human Rights into Focus’ *Chatham House* (London, 9 April 2020) https://www.chathamhouse.org/2020/04/covid-19-brings-human-rights-focus?gclid=EAIAIQobChMI3cufjdWl7gIVmZ3VCh2CgA3jEAAAYASAAEgJh5PD_BwE (accessed 18 January 2021).

⁵United Nations, ‘COVID-19 and Human Rights: We Are All in This Together’ *United Nations* (New York, April 2020) <https://www.un.org/victimsofterrorism/sites/www.un.org.victimsofterrorism/files/un_-_human_rights_and_covid_april_2020.pdf> (accessed 28 December 2020).

to the government responses and their outcomes. This analysis have become necessary in order to identify the limits and gaps in the responses of the Nigerian government to the pandemic and craft a better and more effective approach to safeguarding human rights in vulnerable settings and better prepare for the future. As the United Nations has recently predicted and warned, the world should start thinking about the next pandemic.⁶

The article is divided into four sections. Section one is the introduction while section two discusses the standards and requirements of human rights based responses to the pandemic and assess the responses and outcomes of the Nigerian government to the pandemic on the basis of the identified standards. Section three discusses the risk assessment approach and how it may have impacted differently on the Nigerian government responses and their outcomes. Section four concludes the article.

1.2 Standards and Requirements of Rights Based Responses to the Covid-19 Pandemic Vis-À-Vis Nigerian Government Responses and Outcomes

Five key principles have been identified as essentials to human rights based responses to the COVID-19 pandemic.⁷ The first is the principle of equality and non-discrimination. This entails that governments pay attention and address peculiar impacts of the pandemic on vulnerable and disadvantaged individuals and groups in government responses. Thus, governments responses are required to address unintended discrimination occasioned by the pandemic and governments responses thereto; including in the allocation of resources or access to public health goods by vulnerable and disadvantaged individuals and groups e.g women, children, the elderly, people who work in the informal sector of the economy, persons living with disabilities, etc. The second key principle is the principle of participation. This entails that peoples and communities must be actively involved in the conceptualisation, formulation and execution of policies and strategies to combat the pandemic. As aptly captured by Hilary Gbedemah, Chair of the Committee on the Elimination of Discrimination against Women ‘Only by including all people in COVID-19 strategies can the pandemic be combatted’.⁸ The third key principle is the principle of proportionality. This recognises that States may need to take special and unusual measures to combat the pandemic but require that such measures be

⁶Channels Television, ‘We Must Start Thinking About Next Pandemic – UN’ *Channels Television* (Lagos, 28 December 2020) <<https://www.channelstv.com/2020/12/28/we-must-start-thinking-about-next-pandemic-un/>> (accessed 28 December 2020).

⁷ Joss Saunders, ‘COVID-19 and Key Human Rights Principles in Practice: State Obligations and Business’ Responsibilities In Responding To The Pandemic’ *OXFAM Discussion Paper* (Nairobi, 7 August 2020) <<https://policy-practice.oxfam.org/resources/covid-19-and-key-human-rights-principles-in-practice-state-obligations-and-busi-621037/>> (accessed 30 December 2020).

⁸ Office of the United Nations High Commissioner for Human Rights, ‘UN Human Rights Treaty Bodies Call For Human Rights Approach In Fighting COVID-19’ *Office of the High Commissioner for Human Rights* (Geneva, 24 March 2020) <<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25742&LangID=E>> (accessed 1 January 2021).

proportionate and balance the need of the public health emergency with human rights of persons under existing international human rights frameworks.⁹ The fourth key principle is the principle of human dignity and care. This entails that government responses to the pandemic must not infantilize or treat people only as recipient of benefits but must recognise people's agency and ability to make choices while treating them with humaneness and respect consistent with their dignity.¹⁰ The fifth principle is the principle of freedom of expression, assembly and information. This requires that governments must take measures to facilitate the exercise and enjoyment of the rights to freedom of expression, peaceful assembly and access to information. The rationale behind this is to ensure transparency and free flow of information and see to it that people have access to accurate and timely information about the spread of the virus as well as enhance transparency of government measures and strategies to combat it.¹¹

The five key principles above are encapsulated in the six key human rights messages/strategies crafted in April, 2020 by the United Nations (UN) as essential components of human rights based responses to the COVID-19 pandemic.¹² Nigerian government's responses to the pandemic are evaluated against the UN's six human rights messages/strategies below.

1.3 The Six UN Human Rights Strategies/Messages and the Nigerian government Responses to COVID-19

The first human rights strategy recommended by the UN for combating COVID-19 pandemic is the requirement or need to protect people's livelihood alongside governments' public health responses.¹³ While it is true that the virus does not discriminate between people on the basis of sex, class, status, etc.; the impact of the infection and the often extra-ordinary measures required to contain its spread more often than not disproportionately affect socially and economically disadvantaged individuals and groups who face enormous challenges to survive daily. A key strategy of human rights based responses is thus the prioritisation of the provision and facilitation of access of vulnerable individuals and groups to basic economic and social rights.¹⁴ The best practice in this regard includes emergency water supplies by governments to slum areas; suspension of payment of rents and evictions during the period of the pandemic; provision of universal income and support to employers and businesses to cushion the effect of the pandemic; provision of unemployment benefits to out of work citizens; provision of emergency shelters for the homeless; scaling up domestic violence responses for persons subjected to abuse during the

⁹ OXFAM Discussion Paper (note 7 above).

¹⁰ As above.

¹¹ As above.

¹² United Nations (note 3 above).

¹³ As above 7 – 9.

¹⁴ As above.

period; etc.¹⁵ As has been rightly noted by the UN, however; not all states have the resources and wherewithal to provide required level of social and economic protection for everyone.¹⁶ Nigeria illustrates this limitation in its responses below.

To combat the spread of COVID-19 after the index case was discovered on 27 February 2020 in the country, Nigeria initiated the first lockdown in a series of lockdowns on 30 March 2020 in the three states of Lagos, Ogun, and Abuja for an initial two weeks.¹⁷ In analysing the effects of the lockdown on extremely poor Nigerians who make up about 40% of the population, Kalu noted that there was uproar among the citizens due to a myriad of concerns, the main one being hunger.¹⁸ Furthermore, a large proportion of Nigeria's population, especially the ones living in the commercial nerve-centre of Lagos, exist on daily income with no savings to serve as financial buffer during the lockdowns.¹⁹ As a result, the citizens had to choose between death by COVID-19 and death by hunger. Although the government promised to provide palliative measures in form of distribution of funds and food items, the promised palliatives were reported to have reached only a slight number of those that needed it. As a result, many defied the lockdowns to find alternative means of survival and were subjected to harsh enforcement regimes by law enforcement personnel. Consequently, many more people were reported to have died due to law enforcement excesses than to COVID-19 during the initial period of the lockdown.²⁰

However, reports also indicate that sexual and gender based violence (SGBV) increased exponentially in most part of the country during the pandemic.²¹ Available statistics show 297% increase in the number of reported SGBV from 60 cases in March, 2020 to 238 in April, 2020 in the three States placed under full lockdowns (Lagos, Ogun and Abuja) by the Federal Government of Nigeria.²² States placed under less stringent lockdowns witnessed an average increase of 53% in the number

¹⁵ As above 9.

¹⁶ As above.

¹⁷ Bernard Kalu, 'COVID-19 in Nigeria: A Disease of Hunger' (2020) 8 (6) *The Lancet*; 556 – 557.

¹⁸ As above.

¹⁹ As above.

²⁰ As above.

²¹ United Nations Nigeria, 'Gender-Based Violence in Nigeria During The Covid-19 Crisis: The Shadow Pandem *Nations* (Abuja, 4 May 2020) <https://nigeria.un.org/sites/default/files/2020-05/Gender%20Based%20Violence%20in%20Nigeria%20During%20COVID%2019%20Crisis_The%20Shadow%20Pandemic.pdf> (accessed 9 January 2021).

²² Jessica Caroline Young and Camron Aref-Adib, 'The Shadow Pandemic: Gender-Based Violence and COVID-19' *International Growth Centre* (19 May 2020) <<https://www.theigc.org/blog/the-shadow-pandemic-gender-based-violence-and-covid-19/>> (accessed 9 January 2021).

of reported cases of SGBV while states where the Governors refused to impose total lockdowns reported decreased numbers of SGBV during the period in question.²³

Instead of scaling up SGBV responses as required by relevant human rights standards in responding to the pandemic, resources were diverted towards other responses while the lockdowns further compromised support services and access to justice at the time when these services were needed the most.²⁴ That inadequate responses in the two areas analysed above mirror responses in other social and economic aspects of the citizens' lives during the lockdowns.

The second component of a human rights based responses to the pandemic is the requirement to ensure that responses and measures to contain the pandemic are inclusive, equitable and universal.²⁵ If responses and measures are discriminatory or exclusionary, the virus will persist in excluded communities and segments of the society. This will in turn fuel the proliferation of the virus in other places and put the whole society at risk. As aptly observed by the UN, 'inclusion is the approach that best protects us all.'²⁶ To ensure the effective protection of everyone from the ravages of the virus, States are obliged to undertake measures that are inclusive, non-discriminatory and reach every segment of the society with public goods necessary to mitigate the impact of the virus. Most especially, targeted measures are required to be taken to ensure that the needs of the most vulnerable members of the society like women, children, refugees, internally displaced persons (IDPs), migrants, persons living with disability (PWDs), etc are prioritised.²⁷

The examples of best practice in this regard includes special measures by governments to mitigate the social and economic impacts of the pandemic on the most vulnerable; grants of temporary residency rights to migrants and asylum seekers; free treatments of persons affected by the virus; releases of certain categories of prisoners from custodial centres; etc.²⁸ That available evidence revealed that Nigerian government responses under this heading indicate some efforts at inclusivity but the efforts were not robust enough to meet the required human rights standards. As far back as April, 2020 when Nigeria's COVID-19 cases were about 800, the President of Nigeria, Muhhamadu Buhari, appealed to state governors and other relevant authorities to urgently decongest Nigeria's overcrowded prisons in consequence of which certain categories of prisoners were released from custody.²⁹ This is in a bid to contain the spread of the virus and reduce its incidence in the

²³ As above.

²⁴ As above.

²⁵ United Nations (note 3 above).

²⁶ As above 10.

²⁷ As above 11 – 12.

²⁸ As above 12.

²⁹ Abdur Rahman Alfa Shaban, 'April 22: Cases Near 800, Buhari Wants Prisons Decongested' *Africanews*(Pointe-Noire, 24 April 2020) <<https://www.africanews.com/2020/04/24/nigeria-coronavirus-hub-updates-covid-19/>> (accessed 27 April 2020).

prisons. Within the same period of time, the Inspector General of Police (IGP) also issued directives to zonal Assistant-Inspector-Generals and Commissioners of Police in various commands not to detain anybody arrested for bailable offences in a bid to decongest police cells across the country.³⁰

Beyond prison decongestion, the government also initiated and implemented free testing, treatment and management of those affected by the virus.³¹ In addition, the government also tried to upscale provision of social security safety nets to vulnerable members of the society. There was, for instance, partnership between the European Union, United Nations Development Programme, Federal Ministry of Humanitarian Affairs and Lagos State Government which targeted 22,600 vulnerable families and 5,000 Small and Medium Enterprises in new unconditional cash transfer to cushion the effects of the pandemic in Lagos State.³² The Federal Ministry of Humanitarian Affairs, on its own, also scaled up cash transfer payments and distribution of palliatives to vulnerable individuals and families across many parts of the country.³³ The Ministry cash transfers and palliatives measures was however embroiled in allegations of corruption, inflation of beneficiaries' lists, exclusion of some parts of the country, nepotism, etc.³⁴

The third component of human rights shaped responses to the pandemic is participation. This means that people have to be informed, involved in decision making processes affecting them and see that measures being taken to combat the pandemic are necessary, reasonable and proportionate.³⁵ The importance of involving people affected by decisions and measures lies in the fact that people are being asked to make extra-ordinary sacrifices to comply with extra-ordinary measures required to combat the virus. Such measures will be ineffective without the cooperation and

³⁰ Afeez Hanafi, 'COVID-19: US, Nigeria, Iran, Others Release Detainees, Prisoners' *The Punch* (Lagos, 5 April 2020) <<https://punchng.com/covid-19-us-nigeria-iran-others-release-detainees-prisoners/>> (accessed 27 April 2020).

³¹ See for instance, The World Bank, 'Nigeria to Boost States Capacity for COVID-19 Response' *The World Bank* (Abuja, 7 August 2020) <<https://www.worldbank.org/en/news/press-release/2020/08/07/nigeria-to-boost-states-capacity-for-covid-19-response>> (accessed 18 January 2020).

³² United Nations Development Programme, Nigeria, 'COVID-19: EU, UNDP, Humanitarian Affairs Ministry and Lagos State Government Target 22,600 Vulnerable Families, 5,000 SMEs in New Unconditional Cash Transfer Project' *United Nations Development Programme* (Abuja, 29 September 2020) <<https://www.ng.undp.org/content/nigeria/en/home/presscenter/pressreleases/2020/covid-19--eu--undp--humanitarian-affairs-ministry-and-lagos-stat.html>> (accessed 11 January 2021).

³³ Okechukwu Nnodim and Maiharaji Altine, 'Controversy Surrounds FG Cash Transfer in Zamfara' *The Punch* (Lagos, 8 June 2020) <<https://punchng.com/controversy-surrounds-fg-cash-transfer-in-zamfara/>> (accessed 11 January 2021).

³⁴ OBINNA EZUGWU, 'Controversy Trails COVID-19 Palliative Cash Transfer' *Business Hallmark* (Lagos, 20 April 2020) available at <<https://hallmarknews.com/controversy-trails-covid-19-palliative-cash-transfer/>> (accessed 11 January 2021).

³⁵ United Nations (note 3 above) 13 – 14.

understanding of the people. To garner the necessary support and cooperation of the people therefore, government responses must be open, transparent and accountable.³⁶

The examples of best practice in this regard includes the institution of daily press briefings to keep the population abreast of developments with regard to the spread of the virus and what the government is doing to respond to the unusual public health emergency; political oversights of governments' measures to ensure openness and accountability; enabling the involvement and participation of civil society organisations in responding to the pandemic; etc.³⁷ With regard to Nigerian government responses, there are noticeable efforts by the government to involve citizens in the decisions and measures to combat the pandemic in the country. The Presidential Task Force (PTF) on COVID-19, the body saddled with the responsibility to coordinate and oversee responses to the pandemic in the country, instituted weekly briefings to give reports of the spread of the virus; the measures being taken by governments; as well as regular review of the effectiveness of government measures.³⁸ The weekly briefings enabled free flow of information and reportage of the pandemic by the media and have helped to shape the understanding and cooperation of the people to the measures being taking by the government.

The Civil society organisations and businesses were also enabled to participate in various ways in the measures and efforts to combat the pandemic. This, for instance, led to the formation and significant contribution of the Private Sector Coalition Against Covid-19 (CACOVID) who in partnership with the Federal Government of Nigeria, the Nigeria Centre for Disease Control (NCDC) and the World Health Organisation (WHO) donated billions of naira in cash, materials and palliatives to cushion the effects of the pandemic in the country.³⁹ This is in addition to the involvement, roles and significant contributions of other private businesses, charitable organisations, private individuals, etc.; in providing necessary materials and palliatives to cushion the effects of the pandemic on Nigeria's most vulnerable individuals and groups.

Despite these laudable efforts however, involvement and participation of the people have generally been top-down. Not much scope has been given to the people's autonomy and voice to contribute to or inform the decision making processes.

³⁶ As above

³⁷ As above.

³⁸ See for instance, Akinola Ajibola, 'How Increased Travels, Religious Activities, Others Triggered Hike In COVID-19 Cases – PTF' *Channels Television* (Lagos, 11 January 2021) <<https://www.channelstv.com/2021/01/11/how-increased-travels-religious-activities-others-triggered-hike-in-covid-19-cases-ptf/>> (accessed 12 January 2021).

³⁹ The Coalition Against COVID-19 (CACOVID), 'About the Coalition' *The Coalition Against COVID-19*(Lagos, 2021) <<https://www.cacovid.org/>> (accessed 12 January 2021).

Compliance with government measures has consequently been generally problematic and poor.⁴⁰

The fourth component of human rights shaped responses to the pandemic is the requirement that emergency and security measures taken during the pandemic must be people centered i.e focused on the protection of the people, be temporary and be proportionate.⁴¹ International human rights frameworks recognise and permit States to resort to emergency and security measures to protect public health during periods of public health emergency like COVID-19. Such emergency and security measures are however required to be humane, just, temporary, underpinned by the principles of the rule of law and be respectful of human rights.⁴² Where security powers and measures are overbroad, arbitrary, indefinite and enforced in a high-handed and harsh manner, it may lead to breaches of societal peace and security with impacts and ramifications lasting beyond the pandemic. The human rights standards therefore require that States at such a time as this must observe the basic principles of legality and the rule of law as well as guarantee and enforce rights relating to the use of force by law enforcement personnel, arrest and detention, access to justice, fair trial, among others.⁴³

A review of Nigeria's performance on the security issues during lock down show, perhaps, the most serious disconnect between the requirement of human rights and the responses of the Nigerian government. The reports are replete with cases of excessive use of force, police brutality, arbitrary arrests and detention, and extra-judicial killings by the Nigerian security forces under the guise of enforcing lockdowns imposed by the government to combat the pandemic.⁴⁴ As at 16 April 2020, Nigerian security forces are alleged to have killed more people than COVID-19 with reported extra-judicial killings ranging between 18 and 21 people.⁴⁵ The government response and outcomes here was thus far below the required human rights standards.

⁴⁰ PROSHARE, 'COVID-19 Second Wave; Another Lockdown in View?' *PROSHARE* (Lagos, 18 December 2020) <<https://www.proshareng.com/news/HEALTH/COVID-19-Second-Wave--Another-Lockdown-in-View-/54825>> (accessed 12 January 2021).

⁴¹ United Nations (note 3 above) 15 – 17.

⁴² As above.

⁴³ As above 16.

⁴⁴ Deutsche Welle (DW), 'COVID-19: Security forces in Africa Brutalizing Civilians Under Lockdown' *Deutsche Welle* (Berlin, 20 April 2020) <<https://www.dw.com/en/covid-19-security-forces-in-africa-brutalizing-civilians-under-lockdown/a-53192163>> (accessed 16 January 2021).

⁴⁵ BBC News, 'Coronavirus: Security Forces Kill More Nigerians Than COVID-19' *BBC News* (London, 16 April 2020) <<https://www.bbc.com/news/world-africa-52317196>> (accessed 16 January 2021); Channels Television, 'COVID-19 Lockdown: Falana Calls For Investigation Into Extrajudicial Killing Of 21 Persons' *Channels Television* (Lagos, 16 April 2020) <<https://www.channelstv.com/2020/04/16/covid-19-lockdown-falana-calls-for-investigation-into-extrajudicial-killing-of-21-persons/>> (accessed 16 January 2021).

The fifth component of human rights based responses to the pandemic is the need for international cooperation and assistance.⁴⁶ COVID-19 is not a respecter of national boundaries. Thus, vulnerability and susceptibility of one country to the virus put the whole world at risk. As observed by the UN, ‘the world is only as strong as the weakest health system’.⁴⁷ There is the need for more economically advanced and well-resourced countries in the world that will assist the less resourced countries so as to bridge the gaps in their public health, technology and economic capacities for the purposes of addressing the challenges of the pandemic. Thus, the vaccines and equipment for treating the coronavirus must be available and considered global public goods available to all regions of the world on an equal and equitable basis.

The Nigerian government response here has been quite robust. The government has shown the required preparedness and willingness to cooperate with other countries of the world to combat the pandemic. This admittedly has been more as recipient of international assistance as a result of the lack of economic and technological capacity to make multilateral contribution to the fight at this time.

Finally, a human rights focused response requires that responses to the pandemic have a better future as its objective.⁴⁸ What this means is that responses to the pandemic, while responding to the present public health emergency must also take the opportunity to correct the disparities and inequalities of the past for a better and more prosperous future for all persons.

Nigerian government response and outcomes in this regard is below par. Not only are there no visible attempt to correct the exclusionary public health policies and practices of the past or any serious attempt to strengthen the social and economic capacities of vulnerable individuals and groups to improve resilience to pandemics going forward, the way and manner the government handled some of the responses to the pandemic also leaves much to be desired.

Thus, like other countries in the world, Nigeria is also trying to control the pandemic. The adoption and utilisation of the risk assessment approach by the country will improve the potentials and chances of bringing the pandemic under control.

1.4 The Risk Assessment Approach to Safeguard Human Rights in Vulnerable Societies During Pandemics Such as Covid-19

The analysis or discussions in the previous sections suggest that the traditional approaches to the pandemic like strict lockdowns, testing, contact tracing, isolation in special centres, extra-ordinary security and emergency measures, etc.; are ineffective in protecting the human rights of citizens in fragile and vulnerable societies during pandemics such as COVID-19. This is because of the lack of economic, social, technological and other requisite infrastructure and capacity. In an

⁴⁶ United Nations (note 3 above) 18 – 19.

⁴⁷ As above 18.

⁴⁸ As above 21.

attempt to identify relevant lessons that can be learned from the pandemic going forward, this section discusses and highlights the suitability and potential value of a risk assessment approach to improving human rights protection and resilience in vulnerable contexts/societies during pandemics such as COVID-19 and the differences that the risk assessment approach could have made to the outcomes of Nigerian government responses below.

The risk-based approach is the standard approach for dealing with money laundering and terrorist financing.⁴⁹ The risk-based approach allows countries to adopt a more flexible set of measures to deploy their resources more effectively and apply preventive measures that are commensurate to the nature of risks in order to focus efforts in the most effective way.⁵⁰ Adopting a risk-based approach implies the adoption of a risk management process while dealing with low, medium and high-risk issues. This process encompasses the recognition of the existence of risk(s) at the Identification Stage, undertaking an assessment of the risks at the Analysis Stage and developing strategies to manage and mitigate the identified risks at the Evaluation Stage.⁵¹ The three stages are described in detail below.

1.4.1 First Stage: Identification

The first step of the risk assessment exercise is for a country to identify both local and international risks. A good foundation for the identification process is to begin by compiling a list of the major known or suspected threats and vulnerabilities that exist both locally and internationally. The identified threats or vulnerabilities should of course relate to the purpose and scope of the assessment and this will also influence whether they are more micro or macro in focus.⁵²

To formulate a list of a country's emerging and potential infectious threats to public health both nationally and internationally will require the collective knowledge of the

⁴⁹ Financial Action Task Force, 'International Standards on Combating Money Laundering and the Financing of Terrorism & Proliferation: The FATF Recommendations' *Financial Action Task Force* (Paris, February 2012) <<http://www.fatf-gafi.org/publications/fatfrecommendations/documents/fatf-recommendations.html>> (accessed 28 November 2020).

⁵⁰ Federal Financial Institutions Examination Council, 'Bank Secrecy Act/Anti-Money Laundering Examination Manual' *Federal Financial Institutions Examination Council* (Virginia, April 2020) <<https://www.ffiec.gov/press/PDF/FFIEC%20BSAML%20Exam%20Manual.pdf>> (accessed 31 January 2021).

⁵¹ Financial Action Task Force, 'FATF Guidance on the Risk-Based Approach to Combating Money Laundering and Terrorist Financing - High Level Principles and Procedures' *Financial Action Task Force* (Paris, June 2007) <<https://www.fatf-gafi.org/publications/fatfrecommendations/documents/fatfguidanceontheriskbasedapproachtocombatingmoneylaunderingandterroristfinancing-highlevelprinciplesandprocedures.html>> (accessed 25 April 2020).

⁵² Financial Action Task Force, 'FATF Guidance: National Money Laundering and Terrorist Financing Risk Assessment' *Financial Action Task Force* (Paris, February 2013) <<https://www.fatf-gafi.org/documents/documents/nationalmoneylaunderingandterroristfinancingriskassessment.html>> (accessed 27 April 2020).

relevant authorities involved in combating infectious diseases in the country. However, the situation and project reports from hospitals and the country's Centre for Disease Control, and reports from both the Federal and State Ministries of Health will help in the compilation of this list. Thus, discussion of the threat of infectious diseases will probably need involvement of appropriate experts who contribute to compiling this initial list of the main or common threats and vulnerabilities of newly discovered diseases.

Furthermore, for the infectious disease threats from foreign jurisdictions, the development of a list may be facilitated by having access to information from the World Health Organization and the United States Centers for Disease Control and Prevention. Most of the countries around the world have designated Centers for Disease Control and Prevention (CDC). The CDC works 24/7 to protect its citizens from health, safety and security threats, both foreign and domestic. Whether diseases start at home or abroad, whether chronic or acute, curable or preventable, human error or deliberate attack, CDC fights diseases and supports communities and citizens to do the same. Most importantly, CDC conducts critical science and provides health information that protects the nation against expensive and dangerous health threats, and responds when these arise.⁵³

Therefore, international risks can also be identified using standard due diligence measures like desk-based research. The desk-based research will help countries to identify jurisdictions with infectious diseases. The desk-based research may require competent authorities in various countries to continuously monitor the news regularly for any new developments regarding strange diseases. Countries may monitor the news by watching television stations like the Cable News Network (CNN), Sky News and British Broadcasting Corporation (BBC) or alternatively carrying out extensive research on the internet for news about current outbreaks or incidents of potential new and emerging infectious diseases in animals or humans, occurring anywhere in the world. If a country through the desk-based research discovers the presence of a disease in another country, the Country must then take note of the name of the disease and the exact location of the disease; the disease may be present in more than one country.

As it relates to COVID-19, available evidence suggests that the cluster was initially reported on 31 December 2019, when the World Health Organization (WHO) China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China, and this information was made available in the WHO website for countries to see. As of 3 January 2020, a total of 44 patients with pneumonia of unknown etiology had been reported to WHO by the national authorities in China. Of the 44 cases reported, 11 were severely ill, while the remaining 33 patients were in stable condition. According to media reports,

⁵³ United States Centers for Disease Control and Prevention, 'Mission, Role and Pledge' U.S. Department of Health and Human Services (Atlanta, Georgia, 13 May 2019) <<https://www.cdc.gov/about/organization/mission.htm>> (accessed 27 April 2020).

the concerned market in Wuhan was closed on 1 January 2020 for environmental sanitation and disinfection. The causal agent had not yet been identified or confirmed. On 1 January 2020, WHO requested further information from national authorities to assess the risk.⁵⁴

On 11 and 12 January 2020, WHO received further detailed information from the Chinese National Health Commission about the outbreak. The evidence was highly suggestive that the outbreak is associated with exposures in one seafood market in Wuhan. The market was closed on 1 January 2020. At this stage, there was no infection among healthcare workers, and no clear evidence of human to human transmission.⁵⁵ Countries like Nigeria who received the above information from the WHO should have immediately taking note of the name of the disease (COVID-19) and the exact location which is China.

1.4.2 Second stage: Analysis

Having identified local and international risk(s) at the Identification stage, countries should conduct further studies on the severity and transmissibility of the virus to determine if the virus can be transmitted from one person to another person or if it can only be from animals to human beings.⁵⁶ This research will advance scientific understanding of the virus and contribute to the development of medical countermeasures such as vaccines and treatments. Countries can send a team of medical experts to the country affected, to elicit more information about the identified risks. This may be done personally or through an international agency like the WHO.

On 20-21 January 2020, a WHO delegation conducted a field visit to Wuhan to learn about the response to 2019 novel coronavirus. The mission was part of the on-going close collaboration between WHO and Chinese national, provincial, and Wuhan health authorities in responding to COVID-19. The delegation visited the Wuhan Tianhe Airport, Zhongnan hospital, Hubei provincial CDC, including the BSL3 laboratory in China's Center for Disease Control (CDC). The delegation observed and discussed active surveillance processes, temperature screening at the airport, laboratory facilities, infection prevention and control measures at the hospital and its associated fever clinics, and the deployment of the rRT-PCR test kit to detect the

⁵⁴ World Health Organization, 'Pneumonia of Unknown Cause – China' *World Health Organization* (Geneva, 5 January 2020) <<https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/>> (accessed 27 April 2020).

⁵⁵ World Health Organization, 'Novel Coronavirus – China' *World Health Organization* (Geneva, 12 January 2020) <<https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/>> (accessed 28 April 2020).

⁵⁶ Financial Action Task Force, 'FATF Guidance: National Money Laundering and Terrorist Financing Risk Assessment' *Financial Action Task Force* (Paris, February 2013) <<https://www.fatf-gafi.org/documents/documents/nationalmoneylaunderingandterroristfinancingriskassessment.html>> (accessed 27 April 2020).

virus. The data collected through detailed epidemiological investigation and through the deployment of the new test kit nationally revealed that human-to-human transmission is taking place in Wuhan.⁵⁷

On 22 January 2020, the meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the outbreak of novel coronavirus 2019 in the People's Republic of China, with exportations currently reported in the Republic of Korea, Japan, Thailand and Singapore, took place. Chinese authorities presented new epidemiological information that revealed an increase in the number of cases, of suspected cases, of affected provinces, and the proportion of deaths in currently reported cases of 4% (17 of 557). They reported fourth-generation cases in Wuhan and second-generation cases outside Wuhan, as well as some clusters outside Hubei province.⁵⁸

On 30 January 2020, the second meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the outbreak of novel coronavirus 2019 in the People's Republic of China, with exportations to other countries, took place. The representatives of the Ministry of Health of the People's Republic of China reported on the current situation and the public health measures being taken. According to the representatives, there are now 7711 confirmed and 12167 suspected cases throughout the country. Of the confirmed cases, 1370 are severe and 170 people had died. 124 people had recovered and been discharged from hospital.⁵⁹

Countries like Nigeria could have also sent a team of medical experts to China, to elicit more information regarding the outbreak of novel coronavirus 2019 in the People's Republic of China.

⁵⁷ World Health Organization, 'Mission summary: WHO Field Visit to Wuhan, China 20-21 January 2020' *World Health Organization*(Geneva, 22 January 2020) <<https://www.who.int/china/news/detail/22-01-2020-field-visit-wuhan-china-jan-2020>> (accessed 28 April 2020).

⁵⁸ World Health Organization, 'Statement on the Meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)' *World Health Organization*(Geneva, 23 January 2020) <[https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))> (accessed 28 April 2020).

⁵⁹ World Health Organization, 'Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)' *World Health Organization*(Geneva, 30 January 2020) <[https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))>(accessed 28 April 2020).

1.4.3 Third Stage: Evaluation

The last stage of risk assessment is evaluation. It involves taking the results found during the analysis process to determine priorities for addressing the risks.⁶⁰ Where countries identify higher risks, they should ensure that their regime addresses these higher risks by applying a risk-based approach to ensure that measures to prevent or mitigate risks are commensurate with the risks identified but where countries identify lower risks, they should apply simplified measures.⁶¹ For example, if the risk analysis had revealed that the disease or diseases cannot be transmitted from one person to another person but only from animals to human beings then countries will classify the risk as low risk or medium risk but where it is determined that the disease or diseases can be easily transmitted from person to person then countries must classify the risk as high risk.

However, proportionate procedures should be designed based on assessed risk(s). The infectious diseases should be subject to enhanced procedures while non-infectious diseases should be subject to standard procedures.⁶² Proportionate procedures will vary according to the extent of a country's leverage in addressing the risk(s). Countries can use the National capacities review tool, recommended by the World Health Organization, to determine if it has leverage to prevent or mitigate risk. The National capacities review tool will determine the following:

- i. *Which coronaviruses (CoV) diagnostic tests is the country capable of conducting?*
- ii. *Does the country have the ability to quickly enhance current surveillance?*
- iii. *Is there a functioning respiratory disease surveillance system in place or pneumonia surveillance systems?*
- iv. *Is the private sector included in the respiratory surveillance system?*
- v. *Do the public health staff at local/regional and/or national levels have the skills to analyze the surveillance data to detect SARI/pneumonia outbreaks/clusters?*
- vi. *Are there Public Health Rapid Response Teams (RRTs) available in the country?*

⁶⁰ Financial Action Task Force, 'FATF Guidance: National Money Laundering and Terrorist Financing Risk Assessment' *Financial Action Task Force* (Paris, February 2013) <<https://www.fatf-gafi.org/documents/documents/nationalmoneylaunderingandterroristfinancingriskassessment.html>> (accessed 27 April 2020).

⁶¹ Financial Action Task Force, 'International Standards on Combating Money Laundering and the Financing of Terrorism & Proliferation: The FATF Recommendations' *Financial Action Task Force* (Paris, February 2012) <<http://www.fatf-gafi.org/publications/fatfrecommendations/documents/fatf-recommendations.html>> (accessed 28 November 2020).

⁶² Financial Action Task Force, 'FATF Guidance on the Risk-Based Approach to Combating Money Laundering and Terrorist Financing - High Level Principles and Procedures' *Financial Action Task Force* (Paris, June 2007) <<https://www.fatf-gafi.org/publications/fatfrecommendations/documents/fatfguidanceontherisk-basedapproachtocombatingmoneylaunderingandterroristfinancing-highlevelprinciplesandprocedures.html>> (accessed 25 April 2020).

- vii. *How are RRTs identified and assigned when alerts are identified?*
- viii. *Are RRT trained specifically in contact tracing?*
- ix. *Are RRT trained in biological sample collection for respiratory pathogens?*
- x. *Does the country have surge capacity for contact tracing?*
- xi. *Does the country have tools to follow up cases and contacts?*
- xii. *Does the country have a national public health emergency preparedness and response plan that can address respiratory diseases including novel coronaviruses?*
- xiii. *Does an Emergency operation Center (EOC)/Incident Management Structure (IMS) exist in the country?*
- xiv. *Is there a team of risk communication, communications or health promotion professionals at the national and subnational levels who are trained in risk communication and can be called upon to design and implement risk communication strategies during crises? Is there surge support available within the government, in partner agencies or elsewhere to cover increased communication needs during a public health crisis*
- xv. *Are staff working at Point of Entry (PoE) aware of the appropriate action to manage ill passenger(s) detected before boarding, on board conveyances (such as planes and ships) and on arrival at PoE?*
- xvi. *Is there an appropriate place for rapid health assessment and isolation, in the event of detecting a potential nCoV case at PoE?*
- xvii. *Is there a mechanism for safely transporting ill travelers to designated hospitals, including the identification of adequate ambulance services?*
- xviii. *Is there a functioning Infection Prevention and Control (IPC) program in each hospital/health care facility in the area where cases are suspected/identified/transferred?*⁶³

The answers to the above questions will help a country in formulating a list of its major vulnerabilities to infectious diseases. The list will help a country to determine if it can afford to manage the newly found disease or if it should avoid the disease completely due to lack of adequate resources and manpower.

If majority of the questions above are answered in the negative then countries will have to avoid the risk completely, and in the context of COVID-19 this will mean officially shutting the country's airports, seaports, and borders while still allowing businesses to operate at 50 percent capacity, provided that business owners or managers can decontaminate their offices regularly, enable social distancing and offer hand sanitizer and hand washing. Same measure can be applied to schools and places of worship. These measures will ensure that the fundamental human rights of

⁶³ World Health Organization, 'National capacities review tool for a novel coronavirus' *World Health Organization* (Geneva, 10 January 2020) <<https://apps.who.int/iris/handle/10665/332298>> (accessed 27 April 2020).

Nigerians are protected. These fundamental rights include the right of a Nigerian to work and feed his family, the right to life, the right to equality and freedom from discrimination, and the right to freedom of movement. But if majority of the questions are answered in the affirmative, countries should implement necessary measures and allocate appropriate resources to mitigate the risks which they have identified, and this includes aggressive testing and contact tracing, combined with medical countermeasures such as vaccines and treatments.⁶⁴

The experience of China, the Republic of Korea, Singapore and others clearly demonstrates that aggressive testing and contact tracing, combined with social distancing measures and community mobilization, can prevent infections and save lives.⁶⁵ If countries detect, test, treat, isolate, trace, and mobilize their people in the response, those with a handful of cases can prevent those cases becoming clusters, and those clusters becoming community transmission.⁶⁶

Where a country lacks the capacity to manage the threat of infectious diseases but still decides to accept the risk(s), the consequences may be severe. For example, at midday on March 17, a week after the World Health Organisation declared the novel coronavirus a pandemic and 20 days after Nigeria reported its index case, Dr. Chikwe Ihekweazu, the Director General of the Nigeria Centre for Disease Control (NCDC) called a meeting of top medical experts to appraise the country's preparedness. During the appraisal of Nigeria's readiness, the meeting revealed that Nigeria had an estimated 350 intensive care units for 200 million people, according to officials present. Experts estimated Nigeria's hospitals with Intensive Care Units (ICU) infrastructure at 71, with each having between one to 20 beds. The total number of ICU beds in the country was put at 350.⁶⁷

A report from the Punch Newspapers revealed that as at March 24, 2020, Nigeria did not have up to 500 ventilators across the 36 States and the Federal Capital

⁶⁴ Financial Action Task Force, 'FATF Guidance: National Money Laundering and Terrorist Financing Risk Assessment' *Financial Action Task Force* (Paris, February 013) <<https://www.fatf-gafi.org/documents/documents/nationalmoneylaunderingandterroristfinancingriskassessment.html>> (accessed 27 April 2020).

⁶⁵ World Health Organization, 'WHO Director-General's opening remarks at the media briefing on COVID-19' *World Health Organization* (Geneva, 13 March 2020) <<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19--13-march-2020>> (accessed 27 April 2020).

⁶⁶ World Health Organization, 'WHO Director-General's opening remarks at the media briefing on COVID-19' *World Health Organization* (Geneva, 11 March 2020) <<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--11-march-2020>> (accessed 27 April 2020).

⁶⁷ Samuel Ogundipe, 'Coronavirus: Nigeria has 350 ICU beds for 200 million people' *Premium Times* (Lagos, 30 March 2020) <<https://www.premiumtimesng.com/news/headlines/384840-coronavirus-nigeria-has-350-icu-beds-for-200-million-people.html>> (accessed 30 April 2020).

Territory.⁶⁸ This information was corroborated by the President of the Nigerian Medical Association who confirmed that Nigeria does not have enough ventilators.⁶⁹ The Nigeria Centre for Disease Control had also shown through the way it handled the first index case of COVID-19 that it had difficulty with tracing the contacts of the index case.⁷⁰

Despite the numerous challenges faced by the Nigerian health sector as highlighted above, the Federal Government as of March 17, 2020 said that it had no plans to impose travel restrictions on visitors from countries where COVID-19 continued to spread rapidly.⁷¹ The Federal Government had decided to screen visitors entering the country from China (where the disease originated last year), Japan, Iran, Italy, Germany, France, South Korea and Spain.⁷² It was not until the 21st of March 2020 that the government through the Presidential Task Force on the Coronavirus placed travel restrictions on entry into the country from 13 countries with high-burden of COVID-19. The countries are China, Iran, South Korea, Germany, Italy, United States, United Kingdom, Switzerland, Norway, Netherlands, Spain, France, and Japan.⁷³ This measure proved ineffective as Nigeria had recorded 14 new cases of Coronavirus, bringing the total number of infections to 111 in the country as of March 29, 2020; the reason could be that people from high-risk countries were still able to enter Nigeria through low risk jurisdictions.⁷⁴

⁶⁸Yusuff Moshood, Tessy Igomu, Angela Onwuzoo, Adebayo Folorunsho-Francis and Lara Adejoro, 'Nigeria Has Less Than 500 Ventilators for Coronavirus Patients — Sources' *The Punch* (Lagos, 24 March 2020) <<https://punchng.com/nigeria-has-less-than-500-ventilators-for-coronavirus-patients-sources/>> (accessed 28 April 2020).

⁶⁹ Anglican Cable Network Nigeria, 'FG, Minister Ignored Advice on Coronavirus Containment — NMA' *Anglican Cable Network Nigeria* (Lagos, 29 March 2020) <<https://acnntv.com/fg-minister-ignored-advice-on-coronavirus-containment-nma/>> (accessed 28 April 2020).

⁷⁰ Nigeria Centre for Disease Control, 'COVID-19 Outbreak In Nigeria: Situation Report' *Nigeria Centre for Disease Control* (Lagos, 1st March, 2020) <https://www.ncdc.gov.ng/themes/common_files/sitepreps/3f45aa7d759bfc31a928a5647038720c.pdf> (accessed 28 April 2020).

⁷¹ Festus Abu, Olufemi Atoyebe, Chukwudi Akasike and Matthew Ochei, 'No Stopping Chinese, Italians, Others From Visiting Nigeria — FG' *The Punch* (Lagos, 17 March 2020) <<https://punchng.com/no-stopping-chinese-italians-others-from-visiting-nigeria-fg/>> (accessed 28 April 2020).

⁷² Festus Abu, Olufemi Atoyebe, Chukwudi Akasike and Matthew Ochei, 'No Stopping Chinese, Italians, Others From Visiting Nigeria — FG' *The Punch* (Lagos, 17 March 2020) <<https://punchng.com/no-stopping-chinese-italians-others-from-visiting-nigeria-fg/>> (accessed 28 April 2020).

⁷³ Kamarudeen Ogundele, 'UPDATED: FG Places Travel Ban on China, Italy, US, UK, Nine Others' *The Punch* (Abuja, 18 March 2020) <<https://punchng.com/breaking-fg-places-travel-ban-on-china-italy-us-uk-others/>> (accessed 28 April 2020).

⁷⁴ Dayo Ojerinde, 'UPDATED: Nigeria Reports 14 New Coronavirus Cases, Total Now 111' *The Punch* (Lagos, 29 March 2020) <<https://punchng.com/breaking-nigeria-reports-14-new-cases-total-at-111/>> (accessed 30 April 2020).

As of 7 March 2020, the global number of confirmed cases of COVID-19 had surpassed 100,000.⁷⁵ On the 11th of March 2020, the World Health Organization made the assessment that COVID-19 can be characterized as a pandemic in view of the fact that the number of cases of COVID-19 outside China had increased 13-fold, and the number of affected countries had tripled. There were now more than 118,000 cases in 114 countries, and 4,291 people had lost their lives. Thousands more were fighting for their lives in hospitals.⁷⁶ As of 13 March 2020, more than 132,000 cases of COVID-19 had now been reported to WHO, from 123 countries and territories. Europe had now become the epicenter of the pandemic, with more reported cases and deaths than the rest of the world combined, apart from China.⁷⁷ Despite this information, the Federal Government waited till the 29th of March 2020 to shut the country's airports, seaports, and borders. As of March 29 when the President of Nigeria shut the country's airports, seaports, and borders, Nigeria had recorded 111 confirmed cases of COVID-19 and one death.⁷⁸

The best approach would have been for the Federal Government of Nigeria to have avoided the COVID-19 risk in its entirety since it lacked the leverage to accept and mitigate the risks. This could have been done through timely closure of the country's borders, seaport, and airports. Nigerian citizens who desired to come into Nigeria from other jurisdictions could still have been allowed to come in on the condition that they are tested for COVID-19 and certified negative before boarding the plane. Even after testing negative, they ought to have been placed under mandatory quarantine for 15 days upon arrival. This would have allowed medical personnel to carry out further tests to verify if they are indeed COVID-19 negative. The mandatory quarantine ought to have been done in a place very close to the airport; probably an hotel.⁷⁹ These measures would have limited the spread of the virus in

⁷⁵ World Health Organization, 'WHO Statement on Cases of COVID-19 Surpassing 100 000' *World Health Organization* (Geneva, 7 March 2020) <<https://www.who.int/news-room/detail/07-03-2020-who-statement-on-cases-of-covid-19-surpassing-100-000>> (accessed 28 April 2020).

⁷⁶ World Health Organization, 'WHO Director-General's Opening Remarks at The Media Briefing on COVID-19' *World Health Organization* (Geneva, 11 March 2020) <<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>> (accessed 27 April 2020).

⁷⁷ World Health Organization, 'WHO Director-General's Opening Remarks at The Media Briefing on COVID-19' *World Health Organization* (Geneva, 13 March 2020) <<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---13-march-2020>> (accessed 28 March 2020).

⁷⁸ Sodiq Oyeleke, 'Sanwo-Olu Blames Late Airport, Border Closure For COVID-19 Spread' *The Punch* (Lagos, 30 April 2020) <<https://punchng.com/sanwo-olu-blames-late-airport-border-closure-for-covid-19-spread/>> (accessed 30 April 2020).

⁷⁹ The Government of the United Kingdom recently introduced new measures mandating UK nationals and residents returning from 30 "red list" countries to be placed in quarantine in government-provided accommodation - such as hotels - for 10 days. For more on these new measures, see Alan McGuinness and Greg Heffer, 'COVID-19: Mandatory Hotel Quarantine for

Nigeria, and averted a total lockdown of the country thereby ensuring that the human rights of Nigerians, especially the rights to livelihood, the right to life, the right to freedom of movement, the right to association and assembly, and the right to freedom from discrimination, etc. are not violated during the pandemic.

1.5 Conclusion

This article reviewed the standards and requirements of human rights based responses to the COVID-19 global pandemic and assessed the responses and outcomes of the Nigerian government to the pandemic on the basis of the standards. This is contrasted with the suitability and value of a risk assessment approach in improving human rights protection and resilience in vulnerable contexts/societies during pandemics such as COVID-19 and the differences that the approach could have made to the outcomes of Nigerian government responses.

The article concludes that the risk assessment approach is a more suitable and effective pathway to protecting the human rights of citizens in fragile and vulnerable societies during pandemics such as COVID-19. That fragile societies like Nigeria's are therefore advised to use the Financial Action Task Force risk assessment methodology to identify, assess and reduce emerging and potential infectious threats to public health both domestically and internationally, and take action, including officially shutting the country's airports, seaports, and borders while still developing medical countermeasures such as vaccines and treatments, and apply resources, aimed at ensuring the risks are mitigated effectively. This includes aggressive testing and contact tracing, combined with social distancing measures and community mobilization. Coronaviruses like COVID-19 can be more effectively managed through a risk-based process that assesses all potential risks and built on a true cooperative arrangement between the government, relevant stakeholders and international agencies e.g., the WHO. Without cooperation and understanding between these parties, there can be no effective risk-based process.⁸⁰

Countries like Nigeria should ensure that measures to prevent or mitigate the spread of infectious diseases are commensurate with the risks identified. This approach should be an essential foundation to efficient allocation of resources across the public health sector and the implementation of risk-based medical countermeasures. Where countries identify higher risks, they should ensure that their regime adequately addresses such risks. Where countries identify lower risks, they may decide to allow simplified measures under certain conditions.

UK Nationals Returning From 'Red List' Countries'*Sky News* (28 January 2021)<<https://news.sky.com/story/covid-19-uk-to-introduce-mandatory-hotel-quarantine-for-travellers-from-red-list-countries-12200338>> (accessed 31 January 2021).

⁸⁰ Financial Action Task Force, 'FATF GUIDANCE: National Money Laundering and Terrorist Financing Risk Assessment' *Financial Action Task Force* (Paris, February 2013) <https://www.fatf-gafi.org/documents/documents/nationalmoneylaunderingandterroristfinancingriskassessment.html>> (accessed 27 April 2020).

Therefore, a risk-based approach allows countries to more efficiently and effectively adjust and adapt as new diseases are identified. Appropriate resources are needed to monitor risk assessment strategies in terms of their efficacy. This means that the assessments should be able to identify the risks and issues, properly assess their level of importance, and ensure that appropriate remedies are put in place.